**Appendix E4.1 Rhode Island Participant Survey Specifications**

**This page has been left blank for double-sided copying.**

OMB Clearance Number: 0584-0680

Expiration Date: 03/31/2026

Rapid Cycle Evaluation of Operational Improvements in SNAP E&T Programs

Participant Survey:

Rhode Island

 2023

**Public Burden Statement**

This information is being collected to assist the Food and Nutrition Service in evaluating operational improvements in Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) programs that aim to improve delivery of services and program outcomes. This is a voluntary collection and FNS will use the information to assess the effectiveness of changes made to the SNAP E&T program. This collection does request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0680. The time required to complete this information collection is estimated to average 15 minutes (0.25 hours) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-0680). Do not return the completed form to this address.

**Privacy Act Statement**

**Authority:** This information is being collected under the authority of Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018). Disclosure of the information is voluntary.

**Purpose:** The information is being collected to evaluate operational improvements in Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) programs using rapid cycle evaluation.

**Routine Use:** The information may be shared with SNAP contract researchers and United States Department of Agriculture (USDA) SNAP research and administrative staff.

**Disclosure:** If all or any part of the information is not provided, interviews may not be admissible in data sets.

**I. Introduction**

|  |
| --- |
| ALL |
| [SNAP E&T RCE INTERVENTION SITE]IF MODE = CATI, fill: **Hi, my name is [INTERVIEWER NAME]. I work for a company called Mathematica and I am calling on behalf of the U.S. Department of Agriculture, Food and Nutrition Service, or FNS, about an important study.**IF MODE = Web, fill: **the U.S. Department of Agriculture, Food and Nutrition Service (FNS)**IF MODE = CATI, FILL: **FNS**  |

**Intro.**

 **CATI ONLY: [Hi, my name is [INTERVIEWER NAME]. I work for a company called Mathematica and I am calling on behalf of the U.S. Department of Agriculture, Food and Nutrition Service, or FNS, about an important study.**

**[SNAP E&T RCE INTERVENTION SITE] is participating in a study that [the U.S. Department of Agriculture, Food and Nutrition Service (FNS) / FNS is sponsoring. This study will help the agency learn more about ways to improve the Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) programs for participants. E&T programs are intended to help SNAP participants gain skills and find work.** **[SNAP E&T RCE INTERVENTION SITE] is one of eight sites seeking to understand the impact of changes to SNAP E&T program processes on SNAP participants’ engagement with E&T services. Mathematica is leading this study on behalf of FNS**

|  |
| --- |
| All |
| [SNAP E&T RCE INTERVENTION SITE] |

**I0. By giving permission to be in the study, you agree to take a short 15 minute survey. The survey asks about barriers to engaging with services and seeking employment, program satisfaction, and reasons for engagement decisions.**

**Here are some other things to know about the study:**

* **The study will use your data for research purposes only.**
* **Study reports will summarize all participants’ findings and will not identify you. None of the reports prepared for this study will include information that identifies you. All confidential information will be stored safely and destroyed at the end of the study.**
* **Taking the survey is completely voluntary. You can skip any question that you don’t want to answer. If you are unsure of how to answer a question, please give the best answer you can, rather than leaving it blank.**
* **Participating in the study has no known risks and will not affect your benefits. Your participation will help us learn about how to improve SNAP E&T programs and services to help SNAP participants gain skills and find work.**
* **You will receive a $30 gift card to thank you for your time completing the survey.**

**WEB ONLY = Please indicate below whether you agree to be in the study. If you have any questions about the study or would like a copy of the above information, please contact Mathematica’s survey director, Kim McDonald, at 855-831-1718 or email her at** **SNAPETsurvey@mathematica-mpr.com****.**

**CATI ONLY = In a moment, I will read a statement for you to provide your consent to participate. If you have any questions about the study or would like a copy of the above information, please contact Mathematica’s survey director, Kim McDonald, at 855-831-1718 or email her at** **SNAPETsurvey@mathematica-mpr.com****.**🔾 I understand the study description and I **agree** to participate in the study 1

* I **do not** **agree** to participate in the study 2

|  |
| --- |
| PROGRAMMER:If I0 = 2, status non-consent and exit surveyCATI/CAWI HARD CHECK: **AN ANSWER MUST BE PROVIDED FOR THIS QUESTION**.  |

|  |
| --- |
| I0 = 2 |
| IF mode = web, fill “**Your feedback is important. Please give us a call at 855-831-1718**.” |

**NoConsent. Thank you very much for your time. [Your feedback is important. Please give us a call at 855-831-1718.]**

 CODE ONE ONLY

[CATI] ENTER 1 TO CONTINUE 1 CATI SKIP BOX THANKS

|  |
| --- |
| PROGRAMMER SKIP BOX NoConsentIf I0 = 2, status ADAMANT REFUSAL (DialDisp = 39, sms status 1209) and exit survey. Apply refusal loctype and schedule for 2053do not change confirmit status in case of conversion |

|  |
| --- |
| I0 = 1 |
|  |

**I1. First, we’d like to verify that we are reaching the correct person. What is your date of birth?**

 | | | / | | | / | | | | |

 MONTH DAY YEAR

 (1-12) (1-31) (1918-2010)

|  |
| --- |
| VALIDATION CHECK:2 of 3 fields at I1 must match records to continue |

|  |
| --- |
| ALL 3 DATE FIELDS (MM/DD/YYYY) MUST BE COMPLETE. ELSE: CATI HARD CHECK: **AN ANSWER MUST BE PROVIDED FOR THIS QUESTION**. CAWi hard check: **an anSwer must be provided to go to the next question. this is to protect your privacy to make sure no one accesses the information provided in the survey.**  |

|  |
| --- |
| IF WEB AND I1\_validation check not passed *(web mode and DOB does not match)* |
|  |

**I1b. Thank you for your time. We need to check our records before continuing. Please contact us at** **855-831-1718 to complete the survey.**

|  |
| --- |
| PROGRAMMER:STATUS 1380 FOR SUP REVIEW and EXIT WEB interviewCONFIRMIT STATUS = INCOMPLETE |

|  |
| --- |
| IF PHONE AND I1\_validation check not passed *(telephone mode and DOB does not match)* |
|  |

**I1c. Thank you for your response. I need to check our records before continuing the interview. Please hold on a moment while I get my supervisor.**

 CATI HARD CHECK: BEFORE PROCEEDING, CONTACT SUPERVISOR FOR VERIFICATION CONFIRMATION

|  |
| --- |
| IF PHONE AND I1\_validation check not passed *(telephone mode and DOB does not match)* AND SUPERVISOR ID PASSED |
|  |

**I1d.** SUPERVISOR: PLEASE VALIDATE THE RESPONDENT IDENTITY USING ADDRESS OR OTHER CONTACT INFORMATION AVAILABLE

CORRECT RESPONDENT 1 GO TO I1f

WRONG RESPONDENT 0 GO TO I1e

|  |
| --- |
| I1d = 0 (wrong respondent) |
|  |

**I1e. Thank you for your response.** **There may be a problem with some of our records. A representative from Mathematica will give you a call to verify our information.**

 What is the best number to reach you?

🞏 The caller does not have a phone number 0

|  |
| --- |
| CATI/CAWI HARD CHECK: **AN ANSWER MUST BE PROVIDED FOR THIS QUESTION**.  |

|  |
| --- |
| I1d = 0 (wrong respondent) |
|  |

**I1h. We need to review and confirm our records before continuing with the interview. Thank you for your help.**

|  |
| --- |
| PROGRAMMER BOX I1d:IF I1d = 0: UPDATE SMS STATUS 1400 FOR locating (wrong respondent) and EXIT interviewconfirmit status = incompleteConfirmit DIALDisp = 40 (Physical/cognitive barrier)EXIT AND pull case from cati by setting loctype = 4 and scheduling the case to the year 2053.reset to blank upon re-entry of the case |

|  |
| --- |
| I1d = 1 (correct respondent) |
|  |

**I1i. Thank you for your response. I will hand the phone back to the interviewer to continue the interview.**

CONTINUE 1 GO TO A1

1. **Employment**

|  |
| --- |
| ALL |
|  |

**A1. The first questions are about current or recent jobs.**

 **Are you currently working at a job for pay, or self-employed?**

Yes 1

No 0

|  |
| --- |
| ALL |
| FILL MONTH WITH 3 MONTHS PRIOR TO SURVEY |

**A2. Were you working at a job for pay, or self-employed, in [MONTH]?**

Yes 1

No 0

|  |
| --- |
| ALL |
|  |

**A3. Some people have challenges that make it hard to find a new job or keep a current job. First, please think about the challenges you may have had finding or qualifying for a job. Did any of the following make it hard for you to find or keep a job in the last year?**

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| a. Could not find work or lack of jobs available in the area | 0 | 1 |
| b. Do not have the right schooling | 0 | 1 |
| c. Do not have the right job search skills or experience*For example: resume writing, interviewing, or networking* | 0 | 1 |
| d. Have difficulty speaking, reading, and/or writing English | 0 | 1 |

|  |
| --- |
| ALL |
|  |

**A4. Next, consider any circumstances that might have made it hard for you to find or keep a job. Did any of the following make it hard for you to find or keep a job in the last year?**

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| a. Physical or mental health challenges (including a disability) | 0 | 1 |
| b. Housing problems *For example: homelessness, unstable housing or no regular place to stay, or no affordable housing* | 0 | 1 |
| c. Transportation issues or problems *For example: no car or no public transportation available, transportation costs too much, public transportation takes too much time* | 0 | 1 |
| d. Family responsibilities, like caring for children, spouse, or a parent | 0 | 1 |

|  |
| --- |
| ALL |
|  |

**A5. Are there any other challenges that made it hard for you to find a new job or keep a current job in the last year?**

Yes 1

No 0

|  |
| --- |
| IF A5 = 1 |
|  |

**A6. What other challenges made it hard for you to find a new job or keep a current job in the last year?**

**B. Intervention Information (Recruitment)**

|  |
| --- |
| ALL |
| FILL SNAP E&T PROGRAM NAME BY SITE |

**B0. Next, we’re going to ask you some questions about communication you might have received about the [SNAP Employment & Training program/E&T PROGRAM NAME], encouraging you to enroll and participate.**

 **If you are now participating in the [SNAP E&T program/E&T PROGRAM NAME], please answer the following questions only considering the information you received about the program before you joined.**

 *The [SNAP E&T program / E&T PROGRAM NAME] helps SNAP participants gain skills and find work, providing participants access to employment training and support services.*

|  |
| --- |
| T1 OR T2 |
| FILL TIME RANGE BY SITE |

**B1. Our records show that we sent you a text in [DATE(S)] inviting you to learn more about [SNAP E&T program/E&T PROGRAM NAME].**

 **Do you remember getting this [email/text]?**

Yes 1 GO TO B4

No 0 GO TO B2

|  |
| --- |
| B1 = 0  |
| FILL “text” IF T1 OR T2 |

**B2. The text invited you to learn more about enrolling in SNAP employment and training services.**

**Does that sound familiar?**

Yes 1 GO TO B4

No 0 GO TO B3

|  |
| --- |
| B2 = 0 AND (T1 or t2) |
| FILL PHONE NUMBER FROM ADMIN DATA |

**B3a. [The SNAP E&T program/E&T PROGRAM NAME] sent you a text to XXX-XXX-XXXX. Is that the correct phone number for you?**

Yes 1 GO TO B12

No 0 GO TO B12

|  |
| --- |
| ((B1 = 1 OR B2 = 1) AND T1 ) OR CONTROL |
| IF RA\_Status = T1, FILL “Did you visit the Rhode Island SNAP E&T website at the link that was included in the text (https://risnapet.org)?” IF RA\_Status = C, FILL "Have you ever visited the Rhode Island SNAP E&T website (https://risnapet.org)?"  |

**B4.** IF RA\_Status = T1: **Did you visit the Rhode Island SNAP E&T website at the link that was included in the text] (https://risnapet.org)?**

IF RA\_Status = C: **Have you ever visited the Rhode Island SNAP E&T website (https://risnapet.org)?**

Yes 1 GO TO B7

No 0 GO TO B5

|  |
| --- |
| B4 = 0 AND T1 |
|  |

**B5. Why didn’t you visit the website?**

 *Select all that apply*

You didn’t see a link in the message 1

You were too busy 2

You thought it was spam 3

You meant to visit the website but forgot 4

You didn’t know what to do 5

You already had the information they were sending you 6

You weren’t interested in participating in the program 7

Something else (SPECIFY) 99

|  |
| --- |
| ((B1 = 1 OR B2 = 1) AND T2) AND No RESPONSE |
|  |

**B6. Our records indicate you didn’t respond to this text.**

 **Why didn’t you respond?**

 *Select all that apply*

You were too busy to respond 1

You thought it was spam 2

You meant to respond but forgot 3

You didn’t know what to do 4

You already had the information they were sending you 5

You weren’t interested in participating in the program 6

Something else (SPECIFY) 99

|  |
| --- |
| PROGRAMMER BOX B6IF B4 = 1 GO TO B7aELSE GO TO B9 |

|  |
| --- |
| B4 = 1 (*Control OR T1 or T2 only*) |
|   |

**B7a. How much do you agree or disagree with the following statements regarding the website?**

 **You understood how to navigate the website.**

Strongly disagree 1

Disagree 2

Neither agree nor disagree 3

Agree 4

Strongly agree 5

|  |
| --- |
| B4 = 1 (*Control OR T1 or T2 only*) |
|   |

**B7b. It was clear to you what you were supposed to do on the website to be connected to a provider.**

Strongly disagree 1

Disagree 2

Neither agree nor disagree 3

Agree 4

Strongly agree 5

|  |
| --- |
| B4 = 1 (*Control OR T1 or T2 only*) |
|   |

**B7c. It was easy to submit the form to request more information about providers.**

Strongly disagree 1

Disagree 2

Neither agree nor disagree 3

Agree 4

Strongly agree 5

Not applicable 6

|  |
| --- |
| B4 = 1 (*Control OR T1 or T2 only*) |
|   |

**B8. Did you contact any of the providers listed on the website?**

Yes 1 GO TO B9

No 0 GO TO B9

|  |
| --- |
| B1 = 1 OR B2 = 1 |
|  |

**B9. Did you know about [the SNAP E&T program/E&T PROGRAM NAME] before you received a text?**

Yes 1 GO TO B10

No 0 GO TO B11

|  |
| --- |
| IF B9 = 1 |
|  |

**B10. How did you hear about [the SNAP E&T program/E&T PROGRAM NAME]?**

*Select all that apply*

Referral from SNAP staff member (eligibility worker) 1

Family member, friend, or colleague 2

Another organization in your community 3

Flyer 4

Community event 5

Somewhere else (SPECIFY) 99

|  |
| --- |
| ALL |
|  |

**B11. What is the best way to contact you or provide you with information about [the SNAP E&T program/E&T PROGRAM NAME]?**

*Select one only*

Text message 1

Email 2

Phone call 3

Mail 4

Some other way (SPECIFY) 99

|  |
| --- |
| PROGRAMMER BOX B11IF WEBLINK COMPLETE OR REPLY TO TEXT = YES, GO TO B12 ELSE GO TO C1A |

|  |
| --- |
| IF WEBLINK COMPLETE *(CONTROL OR T1 OR T2)* OR REPLY TO TEXT = YES *(T3 OR T4)*  |
| FILL “submitted an online form” IF ControlFILL “responded to the text or email” IF T2FILL appropriate state SNAP E&T program name |

**B12. These next questions are about interactions you may have had with E&T staff at the Department of Human Services (DHS) after you requested more information about the [SNAP E&T program name].**

**Did you receive a call from an E&T staff member at DHS after you [submitted an online form/responded to the text or email] to learn more information?**

Yes 1 GO TO B13

No 0 GO TO B15

|  |
| --- |
| IF B12 = 1  |
| FILL appropriate state SNAP E&T program name |

**B13. Did you understand that the call was from [E&T PROGRAM NAME]?**

Yes 1 GO TO B14

No 0 GO TO B14

|  |
| --- |
| PROGRAMMER BOX B14IF B14 = 0, GO TO B16IF B14 = 1, GO TO B17IF B13 = 0 GO TO B15 |

|  |
| --- |
| IF B12 = 1  |
| FILL appropriate state SNAP E&T program name |

**B14. Did you have a conversation with an E&T staff member at DHS to learn about the services and supports you might be able to receive?**

Yes 1 GO TO B17

No 0 GO TO B16

|  |
| --- |
| IF B12 = 0 |
| FILL appropriate state SNAP E&T program name |

**B15. [E&T PROGRAM NAME] called you at XXX-XXX-XXXX. Is that the correct phone number for you?**

Yes 1 GO TO C1a

No 0 GO TO C1a

|  |
| --- |
| IF WEBLINK COMPLETE *(CONTROL OR T1 OR T2)* OR REPLY TO TEXT/EMAIL = YES *(T3 OR T4)* AND B14 = 0  |
| FILL appropriate state SNAP E&T program name |

**B16. Why didn’t you have this conversation?**

 *Select all that apply*

You were too busy to talk 1

You thought it was a spam call 2

You meant to call back but forgot 3

You tried calling back but was unable to reach [E&T program name] 4

You didn’t understand how the interview responses would be used 5

You weren’t interested in participating in the program 6

Other (SPECIFY) 99

|  |
| --- |
| IF WEBLINK COMPLETE *(CONTROL OR T1 OR T2)* OR REPLY TO TEXT = YES *(T3 OR T4)* AND B14 = 1  |
|  |

**B17. How much do you agree or disagree with the following statements regarding the phone conversation you had?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| a. The questions you were asked helped you better understand your own needs or goals related to your career and employment | 1 | 2 | 3 | 4 | 5 |
| b. The questions you were asked were easy for you to understand and answer | 1 | 2 | 3 | 4 | 5 |
| c. It was easy for you to find a time to connect with the E&T staff member at DHS to have this phone conversation | 1 | 2 | 3 | 4 | 5 |
| d. The phone conversation was a good use of your time | 1 | 2 | 3 | 4 | 5 |
| e. You preferred talking with someone one-on-one more than answering questions online on your own  | 1 | 2 | 3 | 4 | 5 |
| f. The phone conversation helped you understand what services and support you could receive | 1 | 2 | 3 | 4 | 5 |

|  |
| --- |
| PROGRAMMER BOX B17IF ASSESSMENT = 1 GO TO B18ELSE GO TO C1A |

|  |
| --- |
| B14 = 1 OR B8 = 1 |
| FILL “These next few questions ask about the referral to [SNAP E&T Service Provider] you received at the end of your phone conversation with a staff member at DHS.] if B14 = 1FILL “SNAP E&T SERVICE Provider” with appropriate name based on referralFILL “referral you received” if B14 = 1FILL “the provider you selected and contacted” if B8 = 1  |

**B18. [These next few questions ask about the referral to [SNAP E&T Service Provider] you received at the end of your phone conversation with a staff member at DHS.]**

 **How much do you agree or disagree with the following statements regarding the [referral you received/the provider you selected and contacted]?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| a. It was easy for you to identify which provider might provide the services and supports to meet your needs  | 1 | 2 | 3 | 4 | 5 |
| b. It was clear to you who you could contact to start receiving services and support from [SNAP E&T Service Provider] | 1 | 2 | 3 | 4 | 5 |
| c. It was clear to you what your next steps were to receive services and support at [SNAP E&T Service Provider]  | 1 | 2 | 3 | 4 | 5 |
| d. It was easy for you to get in touch with someone at [SNAP E&T Service Provider]  | 1 | 2 | 3 | 4 | 5 |

|  |
| --- |
| B14 = 1 or B8 = 1 |
| FILL “SNAP E&T Service Provider” with appropriate name based on referral if B14 = 1FILL “the provider you selected” if B8 = 1  |

**B19.** **Have you received any services or support from [SNAP E&T Service Provider/the provider you selected]?**

Yes 1 GO TO B21

No 0 GO TO B20

|  |
| --- |
| IF B19 = 0 |
| FILL “SNAP E&T Service Provider” with appropriate name based on referral if B14 = 1FILL “the provider you selected” if B8 = 1PROGRAMMER: Randomize response options |

**B20. Why haven’t you received services or support from [SNAP E&T Service Provider/the provider you selected]?**

*Select all that apply*

You weren’t able to get in touch with someone [at SNAP E&T Service Provider] 1

You had transportation issues or problems

*For example: no car or public transportation available, transportation costs too much, public transportation takes too much time* 2

The services and support didn’t match your needs 3

You didn’t think the services and support would help you find a job 4

You’ve received similar services and support before and didn’t find them valuable 5

You got a job 6

You had housing issues or moved 7

You had physical or mental health challenges (including a disability) 8

You needed to care for a child or family member 9

Some other reason (SPECIFY) 99

|  |
| --- |
| B14 = 1 OR B8 = 1 |
| FILL “SNAP E&T Service Provider” with appropriate name based on referral if B14 = 1FILL “you were referred to” if B14 = 1FILL “the provider you selected” if B8 = 1 |

**B21. How much do you agree or disagree with the following statement about the [[SNAP E&T Service Provider] you were referred to/provider you selected]?**

 **The [SNAP E&T Service Provider/provider you selected] was a good fit for your needs and interests.**

Strongly disagree 1

Disagree 2

Neither agree nor disagree 3

Agree 4

Strongly agree 5

**C. Program Participation**

|  |
| --- |
| ALL  |
|  |

**C1a. Which of the following describes your status with the [SNAP Employment & Training program/E&T PROGRAM NAME]?**

You are currently receiving services 1 GO TO C2

You are not currently receiving services 2 GO TO C1b

|  |
| --- |
| C1a = 2 |
|  |

**C1b. Have you received any services from the [SNAP E&T program/E&T PROGRAM NAME] in the last 3 months?**

Yes 1 GO TO C2

No 0 GO TO C2

|  |
| --- |
| ALL  |
| FILL “Besides the [SNAP E&T program/E&T PROGRAM NAME] are” / “other” IF C1a = 1 or C1b = 1FILL “Are” IF C1b = 0 FILL appropriate state SNAP E&T program name |

**C2. [Besides the [SNAP E&T program/E&T PROGRAM NAME] are/Are] you receiving services from any [other] providers to help you further your education or training or help you prepare for or find a job?**

Yes 1 GO TO C3

No 0

|  |
| --- |
| IF C1a = 1 OR C1b = 1 OR C2 = 1 |
| IF C1a or C1b = 1, fill “services from the SNAP E&T program” or “services from E&T PROGRAM NAME”IF C2 = 1 and C1a = 0 and C1b = 0, fill “those services”PROGRAMMER: Randomize response options |

**C3. What were the main** **reasons you decided to receive [services from [the SNAP E&T program/E&T PROGRAM NAME]/those services]?**

*Select all that apply*

To keep SNAP benefits 1

To receive help with child care 2

To get help with the costs of training or employment 3

To improve your English 4

To gain job search skills 5

To learn about self-employment (*for example: how to start your own business)* 6

To earn a certification/credential/license 7

To gain work experience 8

To get promoted 9

To get a raise 10

To get a job 11

To find a better job 12

Some other reason (SPECIFY) 99

|  |
| --- |
| IF (C1a = 2 AND C1b=0) OR C2 = 0 AND B19 = 0 |
| PROGRAMMER: Randomize response options |

**C4. What were the main reasons you haven’t received services from [the SNAP E&T program/E&T PROGRAM NAME]?**

*Select all that apply*

You lacked information about the program 1

The program didn’t match your needs 2

You had transportation issues or problems

*For example: no car or public transportation available, transportation costs too much, public transportation takes too much time* 3

You didn’t think the program would help you find a job 4

You got a job 5

You had physical or mental health challenges (including a disability) 6

You had housing issues or moved 7

You needed to care for a child or family member 8

Some other reason (SPECIFY) 99

|  |
| --- |
| IF C1b = 1 |
| PROGRAMMER: Randomize response options |

**C5. What were the main reasons you stopped receiving services from [the SNAP E&T program/E&T PROGRAM NAME]?**

*Select all that apply*

The program didn’t match your needs 1

You didn’t think the program would help you find a job 2

You got a job 3

You had transportation issues or problems

*For example: no car or public transportation available, transportation costs too much, public transportation takes too much time* 4

You had physical or mental health challenges (including a disability) 5

You needed to care for a child or family members 6

You had housing issues or moved 7

You completed the program 8

You did not complete the program, but you no longer needed services 9

Some other reason (SPECIFY) 99

|  |
| --- |
| IF C1a = 1 or C1b = 1*If ever received services* |
|  |

**C6a. T****he next questions are about the [SNAP E&T program/E&T PROGRAM NAME] program offerings.**

 **For each category, please rank your satisfaction with the [SNAP E&T program/E&T PROGRAM NAME].**

 **Training location and times**

Very satisfied 1

Satisfied 2

Neither satisfied nor dissatisfied 3

Dissatisfied 4

Very dissatisfied 5

|  |
| --- |
| IF C1a = 1 or C1b = 1*If ever received services* |
|  |

**C6b. Online training or meeting options**

Very satisfied 1

Satisfied 2

Neither satisfied nor dissatisfied 3

Dissatisfied 4

Very dissatisfied 5

|  |
| --- |
| IF C1a = 1 or C1b = 1*If ever received services* |
|  |

**C6c. Support with career planning or job placement services**

Very satisfied 1

Satisfied 2

Neither satisfied nor dissatisfied 3

Dissatisfied 4

Very dissatisfied 5

|  |
| --- |
| IF C1a = 1 or C1b = 1*If ever received services* |
|  |

**C6d. Additional support services, for example transportation assistance or child care**

Very satisfied 1

Satisfied 2

Neither satisfied nor dissatisfied 3

Dissatisfied 4

Very dissatisfied 5

|  |
| --- |
| IF C1a = 1 or C1b = 1*If ever received services* |
|  |

**C6e. Customer service and availability of [SNAP E&T program/E&T PROGRAM NAME] staff**

Very satisfied 1

Satisfied 2

Neither satisfied nor dissatisfied 3

Dissatisfied 4

Very dissatisfied 5

|  |
| --- |
| IF C1a = 1 or C1b = 1*If ever received services* |
|  |

**C6f. The number of [SNAP E&T program/E&T PROGRAM NAME] staff who look like you or who speak your preferred language**

Very satisfied 1

Satisfied 2

Neither satisfied nor dissatisfied 3

Dissatisfied 4

Very dissatisfied 5

|  |
| --- |
| IF C1a = 2 and C1b = 0*If never received services* |
|  |

**C7a. The next questions are about the [SNAP E&T program/E&T PROGRAM NAME] program offerings.**

**For each category, please indicate whether the item would affect your decision to participate in the [SNAP E&T program/E&T PROGRAM NAME].**

 **More convenient training location and times**

Much more likely to participate 1

More likely to participate 2

Unlikely to affect your participation 3

|  |
| --- |
| IF C1a = 2 and C1b = 0*If never received services* |
|  |

**C7b. More online training or meeting options**

Much more likely to participate 1

More likely to participate 2

Unlikely to affect your participation 3

|  |
| --- |
| IF C1a = 2 and C1b = 0*If never received services* |
|  |

**C7c. More support with career planning or job placement services**

Much more likely to participate 1

More likely to participate 2

Unlikely to affect your participation 3

|  |
| --- |
| IF C1a = 2 and C1b = 0*If never received services* |
|  |

**C7d. Additional support services, for example transportation assistance or additional child care**

Much more likely to participate 1

More likely to participate 2

Unlikely to affect your participation 3

|  |
| --- |
| IF C1a = 2 and C1b = 0*If never received services* |
|  |

**C7e. Additional [SNAP E&T program/E&T PROGRAM NAME] staff training and availability**

Much more likely to participate 1

More likely to participate 2

Unlikely to affect your participation 3

|  |
| --- |
| IF C1a = 2 and C1b = 0*If never received services* |
|  |

**C7f. More [SNAP E&T program/E&T PROGRAM NAME] staff who look like you or who speak your preferred language**

Much more likely to participate 1

More likely to participate 2

Unlikely to affect your participation 3

|  |
| --- |
| ALL |
| Fill “consider” IF C1a = 2Fill “continue” IF C1a = 1 |

**C8. Are there any other program offerings or features not mentioned that would make you more likely to [consider/continue] participating in [the SNAP E&T program/E&T PROGRAM NAME]?**

Yes 1

No 2

|  |
| --- |
| C8 = 1 |
| Fill “consider” IF C1a = 2 Fill “continue” IF C1a = 1 |

**C9. Tell us more about the program offerings or services that you feel would make you more likely to [consider/continue] participating in [the SNAP E&T program/E&T PROGRAM NAME].**

**D. Respondent Characteristics**

|  |
| --- |
| IF ANY QUESTIONS ASKED IN SECTION D |
|  |

**D0. Finally, we have some questions about your background.**

|  |
| --- |
| all |
|  |

**D1. What is your gender?**

*Select all that apply*

Male 1

Female 2

Non-binary/third gender 3

You use another term (SPECIFY) 99

You do not wish to answer r

|  |
| --- |
| all |
|  |

D2. Are you of Hispanic, Latino/a, or Spanish origin?

No, not of Hispanic, Latino/a, or Spanish origin 1

Yes, Hispanic, Latino/a or Spanish origin 2

|  |
| --- |
| all |
|  |

**D3. What is your race?**

*Select all that apply*

American Indian or Alaska Native 1

Asian 2

Black or African American 3

Native Hawaiian or Pacific Islander 4

White 5

Other (SPECIFY) 99

|  |
| --- |
| all |
|  |

**D4. What is the highest degree or level of school you have completed?**

*Select one only*

Less than 8th grade 1

8th to 12th Grade, no diploma 2

High School Diploma or GED 3

Adult Basic Education (ABE) certificate 4

Some college but no degree 5

Vocational/Technical degree or certificate (for example: cosmetology, automotive repair, Certified Nursing Assistant (CNA)) 6

Business degree/certificate 7

Associate’s degree (AA) 8

Bachelor’s degree or equivalent (for example: BA/BS) 9

Master’s degree (for example: MA/MS) or higher (for example: MD, PhD) 10

Other (SPECIFY) 99

**E. END**

|  |
| --- |
| PROGRAMMER CONTACT INFO FILL BOXIN THIS SECTION [SM FIRST] IS THE SAMPLE MEMBER’S FIRST NAMEFILL **your / you** IF (REPTYPE = 0 OR 1) (SAMPLE MEMBER OR TRANSLATOR)FILL SMFIRSTNAME IF REPTYPE = 2 (PROXY) |

|  |
| --- |
| PAYMENTTYPE OR SMUPDATENAME OR SMUPDATEADDRESS OR SMUPDATEPHONE OR SMUPDATEEMAIL = 1 |

BeginTracking. Thank you for completing the interview today. You’re almost done. Now we need to verify [your/[SM FIRST]’s] contact information.

 CODE ONE ONLY

Continue 1 MAILTO

|  |
| --- |
| PAYMENTTYPE = 1 – 3 AND ((DIALNUMBER = 1, 2, 5, OR 6) OR (DIALNUMBER = 4 AND (FIELDcalls = 0 OR (fieldcalls = 1 AND (CALLINTYPE = 1 OR (CALLINTYPE = 2 and FIELDPAYMENTS = 0)))) OR MODE = CAWI) |

MailTo.

CATI/CAPI

Would you like us to send the payment to you or someone else?

CAWI

Would you like your payment sent to you or someone else?

 CODE ONE ONLY

SEND TO ME 1 SKIP BOX MAILTO

SEND TO SOMEONE ELSE 2 SKIP BOX MAILTO

REFUSED / DO NOT WANT PAYMENT R SKIP BOX ALTCONTACTS

|  |
| --- |
| PROGRAMMER SKIP BOX MAILTOIF PAYMENTTYPE = 1 (MAIL), GO TO PAYADDR.IF PAYMENTTYPE = 2 (EMAIL), GO TO PAYEMAIL.IF PAYMENTTYPE = 3, GO TO MAILOREMAIL. |

|  |
| --- |
| PAYMENTTYPE = 3 AND (MAILTO = 1 OR 2) |

MailorEmail.

CATI/CAPI

Should we send the thank you payment by mail or electronically by email?

CAWI

Should the thank you payment be sent by mail or electronically by email?

 CODE ONE ONLY

Mail 1

Email 2

|  |
| --- |
| PROGRAMMER SKIP BOX MAILOREMAIL.IF MAILOREMAIL = 1 (MAIL), GO TO payaddr.IF MAILOREMAIL = 2 (EMAIL), GO TO PAYEMAIL. |

|  |
| --- |
| (PAYMENTTYPE = 1 OR MAILOREMAIL = 1) and (MAILTO = 1 OR 2) |
| **confirm** IF MAILTO = 1 AND RESPONDENT ADDRESS LOADED; **get** IF MAILTO = 2  |
| if MAILTO = 1 AND RESPONDENT ADDRESS LOADED, FILL NAME AND ADDRESS WITH RESPONDENT INFORMATION; IF MAILTO = 2, DO NOT FILL NAME AND ADDRESS FIELDS |

PayAddr.

CATI/CAPI

INSTRUCTION: CONFIRM spelling of name and ADDRESS WITH RESPONDENT BEFORE CONTINUING

 I would like to [confirm / get] the name and address where we should send the payment.

CAWI

Please [confirm / enter] the name and address where we should send the payment.

 CATI/CAPI: What is the first name?

 (STRING 20)

First Name

CATI/CAPI: Middle initial

 (STRING 1)

Middle Initial

CATI/CAPI: Last name?

 (STRING 30)

Last Name

CATI/CAPI: What is the first line of the payment address?

 (STRING (60))

Street Address Line 1

CATI/CAPI: Is there an apartment or unit number for this address?

 (STRING (60))

Street Address Line 2

CATI/CAPI: Town or city?

 (STRING (20))

City

 CATI/CAPI: State?

 (STRING (2))

State

 CATI/CAPI: And what is the zip code?

 (STRING (10))

ZIP Code

DON’T KNOW d

REFUSED r

|  |
| --- |
| PROGRAMMER SKIP BOX PAYADDR.ALL RESPONSES GO TO SKIP BOX ALTCONTACTS. |

|  |
| --- |
| (PAYMENTTYPE =2 OR MAILOREMAIL = 2) and (mailto = 1 OR 2) |
| IF MAILTO=1 AND respondent EMAIL LOADED, show “confirm”, “THE EMAIL ADDRESS WE HAVE IS:” AND “IS THIS EMAIL ADDRESS CORRECT” and Fill email address with respondent emailif mailto=2 or no respondent email loaded, show “provide me”  |
| **confirm** IF MAILTO = 1 AND RESPONDENTEMAIL LOADED; **provide me** IF MAILTO = 2 |
| **The email address we have is:** AND **Is this email address correct?** IF MAILTO = 1, ELSE NO FILL |
| if MAILTO = 1 FILL EMAIL ADDRESSIF MAILTO = 2, DO NOT FILL EMAIL ADDRESS |

PayEmail.

CATI/CAPI

INSTRUCTION: CONFIRM EMAIL ADDRESS WITH RESPONDENT BEFORE CONTINUING

 I would like to [confirm / get] the email address where we should send the payment.

 [The email address we have is:]
[RESPONDENTEMAILADDR]

 Is this email address correct?

CAWI

Please [confirm / enter] the email address where we should send the payment.

 (STRING 50)

 Email

DON’T KNOW d

REFUSED r

|  |
| --- |
| PROGRAMMER SKIP BOX PAYemail.ALL RESPONSES GO TO SKIP BOX ALTCONTACTS. |

|  |
| --- |
| PROGRAMMER: SKIP BOX ALTCONTACTSIF SMALTCONTACTS = 1, GO TO ALTCONTACT LOOP.IF SMALTCONTACTS = 0, GO TO THANKS AND SET DISP = 13. |